

<b>PLANT AND MINOR PROPERTY TRANSFER REQUEST</b>			
1. FOR TRANSFERS BETWEEN DEPARTMENTS AND NAVAL BRANCH HEALTH CLINICS - Complete parts A and B 2. FOR TRANSFERS TO ANOTHER NAVAL FACILITY - Complete parts A and C. <i>Attach a copy of authorization for transfer</i>			
<b>PART A:</b>		<b>DATE</b>	
<b>TO: EQUIPMENT MANAGEMENT DEPARTMENT</b>			
<b>EQUIPMENT (NAME AND BRIEF DESCRIPTION)</b>		<b>PART NO./BARCODE</b>	
		<b>SERIAL NO.</b>	
		<b>MODEL NO.</b>	
		<b>MFR</b>	
<b>PART B: THE EQUIPMENT DESCRIBED IN PART A HAS BEEN TRANSFERRED BETWEEN DEPARTMENTS OR NAVAL BRANCH HEALTH CLINICS AS INDICATED BELOW.</b>			
<b>RELEASED BY</b>		<b>ACCEPTED BY</b>	
<b>DEPARTMENT</b>		<b>DEPARTMENT</b>	
<b>CLINIC</b>		<b>CLINIC</b>	
<b>BLDG NO.</b>	<b>ROOM NO.</b>	<b>BLDG NO.</b>	<b>ROOM NO.</b>
<b>SIGNATURE (DEPT HEAD/AUTHORIZED REP)</b>		<b>SIGNATURE (DEPT HEAD/AUTHORIZED REP)</b>	
<b>PART C: THE EQUIPMENT DESCRIBED IN PART A IS BEING TRANSFERRED FROM THIS STATION TO THE NAVAL ACTIVITY INDICATED BELOW. A COPY OF THE TRANSFER AUTHORIZATION IS ATTACHED.</b>			
<b>ACTIVITY TO WHICH TRANSFERRED</b>		<b>ADDRESS</b>	
<b>REMARKS</b>			
<b>DEPARTMENT TRANSFERRING EQUIPMENT</b>		<b>SIGNATURE (DEPT HEAD/AUTHORIZED REP)</b>	
<b>COPY TO:</b> <b>FISCAL</b> <b>BIO-MED REPAIR</b>			